25. Hiroi H, Yasugi T, Matsumoto K, *et al:* Mucinous adenocarcinoma arising in a neovagina using the sigmoid colon thirty years after operation: a case report. J Surg Oncol **77:** 61–64, 2001.

26. Ursic-Vrscaj M, Lindtner J, Lamovec J, *et al:* Adenocarcinoma in a sigmoid neovagina 22 years after Wertheim-Meigs operation. Eur J Gynaecol Oncol **15:** 24–28, 1994.

27. Darai E, Toullalan O, Besse O, *et al:* Anatomic and functional results of laparoscopic-perineal neovagina construction by sigmoid colpoplasty in women with Rokitansky's syndrome. Hum Reprod **18:** 2454–2459, 2003.

28. Wedler V, Meuli-Simmen C, Guggenheim M, *et al:* Laparoscopic technique for secondary vaginoplasty in male to female transsexuals using a modified vascularized pedicled sigmoid. Gynecol Obstet Invest **57:** 181–185, 2004.

29. Ota H, Tanaka JI, Murakami M, *et al:* Laparoscopy-assisted Ruge procedure for the creation of a neovagina in a patient with Mayer-Rokitansky-Küster-Hauser syndrome. Fertil Steril **73:** 641–644, 2000.

30. Thoury A, Detchev R, and Darai E: Sigmoid neovagina by combined laparoscopic-perineal route for Rokitansky syndrome. Gynecol Obstet Fertil **30:** 938–943, 2002.

EDITORIAL COMMENT

This report describes the initial experience of laparoscopic mobilization of the neovagina to assist in secondary ileal vaginoplasty in 5 male-to-female transsexuals, who developed neovaginal stenosis. In these patients, the stenosis had occurred after sex reassignment surgery using scrotal and penile skin inversion to create a neovagina. The authors performed the initial vaginal isolation and mobilization laparoscopically, and then proceeded to a right, lower quadrant, 4-cm Lanz incision to obtain an ileal segment. They used a Monti-type reconfiguration of the ileal segment to allow the bowel to reach the perineum without tension. The ileo-neovaginal anastomosis was done perineally. Thus, the only laparoscopic portion was the initial mobilization of the scarred neovagina.

The authors state that laparoscopy provided better visualization of the rectovesical space during neovaginal dissection. They also preferred ileal segments over sigmoid colon for vaginal replacement. We have successfully used ileal segments primarily (as well as to augment sigmoid colon) for neovaginoplasty in patients with androgen insensitivity syndromes, and can vouch for the usefulness of the Monti-type reconfiguration of bowel segments, especially in android pelves.[1,2] In these and similar situations of lower genitourinary tract reconstruction, laparoscopic mobilization of bowel clearly has an advantage in avoiding large laparotomy incisions when colonic or upper gastrointestinal segments are used.[2,3] However, in the present case series, one wonders whether these patients may have been better served with a single 6-cm Pfannenstiel incision, through which the entire ileal-neovaginoplasty could have been performed, thus saving time and avoiding multiple incisions, while not increasing the morbidity at all.

REFERENCES

1. Parsons JK, Gearhart SL, and Gearhart JP: Vaginal reconstruction utilizing sigmoid colon: complications and long-term results. J Pediatr Surg **37:** 629–633, 2002.

2. Parsons JK, Mathews RI, Su L, *et al:* Laparoscopic-assisted sigmoid vaginoplasty. J Urol **171**(suppl): 147, 2004.

3. Chung SY, Meldrum K, and Docimo SG: Laparoscopic assisted reconstructive surgery: a 7-year experience. J Urol **171:** 372–375, 2004.

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